

REPUBLIC OF KENYA



COUNTY ASSEMBLY OF KILIFI

REGISTRATION/LISTING FORM FOR YOUTH, WOMEN AND PERSONS WITH DISABILITY ENTERPRISES FOR SUPPLY OF GOODS, WORKS AND SERVICES

This form should be filled by the Sole Proprietors or authorized officials of the youth, women and persons with disabilities enterprise/entity.

The registration of suppliers is aimed at building a profile for each supplier regarding information or general particulars of the company. You are advised that it is a serious offence to give false information in this form.

DETAILS OF THE APPLICANT

- 1. Name of Entity/Business/Trade.....
- 2. Physical Address
 - a. Ward.....
 - b. Constituency.....
 - c. Sub County.....
- 3 P.O. Box CodeTown.....
- 4 Mobile
- 5 Email
- 6 Contact Person
 - Name.....
 - Date of BirthIdentity Card

TYPE OF BUSINESS OWNERSHIP DETAILS

7. (a) Sole Proprietor	
Name	Date of Birth
Identity Card/Passport No.	

8. (b) Partnership Details			
No.	Name	Nationality	ID/Passport No.

9. (c) Registered Company State the Nominal and issue capital of company Nominal Kshs Issued Kshs Directors' Details				
No.	Name	Nationality	ID/Passport No.	% Shares

10. Registered Youth, Women and persons with disabilities Groups/Associations/Sacco's
 No. of members.....
 (Attach List Of Members using the format below)

S/NO	NAME	CATEGORY (Youth/Women/PWD)	ID/PASPORT NO.	SIGNATURE

OTHER DETAILS

- 11. Bank
.....
- 12. Bank Branch
.....
- 13. Bank Account Name
.....
- 14. Bank Account Number
.....
- 15. VAT Registration Number
.....
- 16. PIN Registration Number
.....

17. Type Business (Tick appropriately)

Agribusiness		Hospitality	
Manufacturing		Event Organizers	
Construction		ICT	
Retail/Wholesale		Trade	
Professional Services		Others(Specify)	

Overview of the Enterprise

Type of Ownership(Please Tick One)	Sole Proprietor[<input type="checkbox"/>] Partnership[<input type="checkbox"/>] Limited Liability[<input type="checkbox"/>] Youth Group[<input type="checkbox"/>] Others[<input type="checkbox"/>]				
Number of Employees	[0-5]	[6-25]	[26-49]	[50-99]	[100-250]
Total annual Sales (turnover KES)					
Experience in the sector in years(if any)					

18. List of documents to be attached

1. Identity Card/Passport
2. Copy of business registration certificate
3. Copy of PIN Certificate
4. Copy of VAT Certificate
5. Copy of (Youth/Women/PWD) Group Certificate

19. I confirm that the information given in this form is correct to the best of my knowledge.

Name of applicant

Position in enterprise/entity

Official Rubber Stamp.....

For Groups:

Chairman's Signature Date

Secretary's Signature Date

Witnessed by:

Name..... ID NO.....

Signature Date